MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1859 -63-011956
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

Registration District No. 179 Primary Registration District No. 100 Registrar's No. _____

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH — FILED APR 4 1963
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City, Mo.
Length of stay in 1b: 3 da.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ark. b. COUNTY: Craighead
c. CITY OR TOWN: Caraway, Ark.
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Box 22
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Alexander Last: Terrell

4. DATE OF DEATH: Month: March Day: 23 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-4-22

9. AGE (last birthday): 40
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Springfield, Ark.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Terrell

13b. MOTHER'S MAIDEN NAME: Bronnie Russell

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes 4-19-51, 8-9-54

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. C.M. Scott, (Mother) Address: VA Hospital Official Records-KC, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral edema and bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Penetrating wound of right cerebral hemisphere. — INTERVAL BETWEEN ONSET AND DEATH: 7 da.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Drove a screwdriver into Rt Temple

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 3-16-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Union Station

20f. CITY, TOWN, OR LOCATION: Kansas City COUNTY: Jackson STATE: Mo

21. I attended the deceased from March 21, 1963, to March 23, 1963. Death occurred at VA Hospital KCMO 3-23 8:40AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh N Owens Coroner

22b. ADDRESS: 152 Union Station

22c. DATE SIGNED: 3-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-23-1963

23c. NAME OF CEMETERY OR CREMATORY: Conway Cem.

23d. LOCATION (City, town, or county) (State): Conway, Ark

24. FUNERAL DIRECTOR: Mc Neil Funeral Home ADDRESS: Conway Ark

25. DATE RECD. BY LOCAL REG.: 3-24-63

26. REGISTRAR'S SIGNATURE: Ruth N. Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L. C. Passantino

Signature of Student Embalmer

Licensed Embalmer No. 4554

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.